RESOLUTION NO. 2014-13

A RESOLUTION ADOPTING REVISIONS TO THE INDIGENT CLAIMS POLICY LIMITS PAYABLE FROM THE LINCOLN COUNTY INDIGENT HEALTHCARE FUND.

WHEREAS, the Board of County Commissioners of Lincoln County needs to increase and impose Policy Limits as stated herein to keep the program viable; and

WHEREAS, the Board of County Commissioners finds that it is best interests of the citizens of the County of Lincoln to amend the qualifying income schedule and policy limits payable under the Lincoln County Indigent Hospital/Health Care Ordinance.

NOW, THEREFORE, BE IT RESOLVED that the Lincoln County qualifying Income schedule, and the Indigent Hospital Claims Policy Limits schedule shall be set as follows and become effective thirty (30) days from the date of recording:

LINCOLN COUNTY INCOME SCHEDULE

200 Percent Federal Poverty Limits

NUMBER OF PERSONS IN HOUSEHOLD

Income	1	2	3	4	5	6	7	8
Annual	22,980	31,020	39,060	47,100	55,140	63,180	71,220	79,260
Monthly	1,915	2,585	3,255	3,925	4,595	5,265	5,935	6,605

Note: An expectant mother's unborn child will be included in determining the family or household eligibility. For Family units with more than eight (8) members, add \$2,000 for each additional person.

INDIGENT HEALTH CARE CLAIMS POLICY LIMITS

POLICY <u>LIMIT</u>	MEDICAL SERVICES	TYPE OF CARE
10,000	Hospital	General medical treatment, or acute services care. Services may be outpatient or in-patient treatment.
		Includes the cost of cancer treatment.

1,500	Ambulance	Ambulance transportation by ground to nearest facility.
2,000	Air Ambulance	Air Ambulance transportation to nearest facility.
1,000	Mental and Suicidal Treatment	Medical care and treatment deemed necessary for the patient. The combination of both of these treatments shall not exceed the fiscal year limit of \$1,000.
750	Substance Abuse Treatment	This care is limited to only (one application per person per 3 fiscal years) and one in-patient Treatment. Patient treatment is, however, is unlimited as long as the sum of both in-patient and outpatient treatment does not exceed the established policy limit. Contracted Provider is limited to \$30,000 per fiscal year.
3,000	Home Health Care	Medical care and treatment as deemed necessary for the patient each fiscal year in accordance with Section 3.5(2). Evidence to verify care is required. Contracted provider is limited to \$30,000 per fiscal year.
3,000	Hospice Care	Medical care and treatment as deemed necessary for the care of the patient. Contracted provider will be limited to \$30,000 per fiscal year.
3,000	Oxygen Services	Medical care and treatment as deemed necessary for the care of the patient. Contracted provider will be limited to \$30,000 per fiscal year.
10,000	Physicians .	Reimburse for medical care and treatment, as determined by the board, to an indigent patient, at Medicaid fee-for-service rates. Contracted providers limited to \$30,000.
30,000	Safety Net Care Pool Policy Limit	\$30,000 per person/per fiscal year.
100,000	Lifetime Limit	Lifetime Limit on Indigent Healthcare Claims per person.

Physical Therapy

General physical therapy deemed necessary for the patient. Patient treatment cannot exceed the established policy limit of \$3,000 per patient per fiscal year.

Services that will exceed the annual claim limit will be pro-rated for reimbursement to each medical provider that rendered the patient's treatment or care.

* Newborn charges which incur complications and will exceed the established mother's limit will be established as a separate claim.

Note: The approved limits indicated are subject to change each fiscal year based on the amount of the Indigent Fund Revenues received. The limits, if revised, will be approved by Resolution of the County Commission and shall substitute for the prior year's limits of the Indigent Healthcare Ordinance.

PASSED, APPROVED and ADOPTED this 19th day of August 2014.

Preston Stone, Vice Chairman

Kathryn Minter, Member

Dallas Draper, Member

Mark Doth, Member

Attest:

Rhonda Burrows

Lincoln County Clerk